PART B - FEE(S) TRANSMITTAL

and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

| !         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |          | P.O. Box 1450<br>Alexandria, Virginia 22313-1450<br>ax (571) 273-2885                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               |                                                                                                                 |  |
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| í i       | INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and or (b) indicating a separate "FEE ADDRESS" for indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and or (b) indicating a separate "FEE ADDRESS" for indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and or (b) indicating a new correspondence address and or (c) indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address and or (c) indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new corre |                                     |          |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               |                                                                                                                 |  |
| ī         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E ADDRESS (Note: Use Block I for an |          | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               |                                                                                                                 |  |
| 02/21/20  | 06 CNGUYEN1 0000000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2 10777271                          |          |                                                                                                                                                                                                                                                                                               | Cer<br>I hereby certify that the<br>States Postal Service a<br>addressed to the Mai<br>transmitted to the USI                                                                                                                                                                                                                                                                                                                                        | tificate of Mailing or Trans<br>his Fee(s) Transmittal is being<br>with sufficient postage for fir<br>1 Stop ISSUE FEE address<br>TO (571) 273-2885, on the d | mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below. |  |
| 01 FC:250 | L 700.00 OP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |          |                                                                                                                                                                                                                                                                                               | Jeffrey N. Collins                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                               | (Depositor's name)                                                                                              |  |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |          |                                                                                                                                                                                                                                                                                               | 1.1                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <del>/ •</del>                                                                                                                                                | (Signaturo)                                                                                                     |  |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |          |                                                                                                                                                                                                                                                                                               | 2-17-2006                                                                                                                                                                                                                                                                                                                                                                                                                                            | - 3                                                                                                                                                           | (Date)                                                                                                          |  |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EIRST NAA                           |          | TRST NAMED                                                                                                                                                                                                                                                                                    | INVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                             | ATTORNEY DOCKET NO.                                                                                                                                           | CONFIRMATION NO.                                                                                                |  |
|           | APPLICATION NO.<br>10/777,271                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 92/11/2004                          | Robert S |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sconce                                                                                                                                                        | 5436                                                                                                            |  |
| ,         | TITLE OF INVENTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Adjustable                          | Keent .  |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               | DATE DUB                                                                                                        |  |
| i         | APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SMALL ENTITY                        | ISSUE FE | Ē                                                                                                                                                                                                                                                                                             | PUBLICATION FEE                                                                                                                                                                                                                                                                                                                                                                                                                                      | TOTAL FEE(S) DUE                                                                                                                                              | February 17, 2006                                                                                               |  |
| ,         | Utility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes                                 | \$700.00 |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 700.00                                                                                                                                                        | February 17, 2000                                                                                               |  |
|           | EXAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ART UN                              | π        | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                | J                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                               |                                                                                                                 |  |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |          |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               |                                                                                                                 |  |
|           | Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form pTO/SB/47; Rov 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON T PLEASE NOTE: Unless an assignce is identified below, no assignee of recordation as set forth in 37 CFR 3.11. Completion of this form is NOT (A) NAME OF ASSIGNEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |          |                                                                                                                                                                                                                                                                                               | or agents OR, alternatively.  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment.  (2) RESIDENCE: (CITY and STATE OR COUNTRY) |                                                                                                                                                               |                                                                                                                 |  |
|           | Please check the appropriate assigned category or categories (will not be printed on the patent):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |          |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               |                                                                                                                 |  |
|           | 4a. The following fee(s) are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | 41       | . Payment of Fee(s):  A check in the amount of the fee(s) is onclosed.                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               |                                                                                                                 |  |
|           | Issue Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 44 19 144                           |          | ☐ Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               |                                                                                                                 |  |
| •         | Publication Fee (No small entity discount permitted)  Advance Order - # of Copies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |          |                                                                                                                                                                                                                                                                                               | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               |                                                                                                                 |  |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |          |                                                                                                                                                                                                                                                                                               | ount Number                                                                                                                                                                                                                                                                                                                                                                                                                                          | (C)ICIODO ALI CANA                                                                                                                                            |                                                                                                                 |  |
|           | 5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |          |                                                                                                                                                                                                                                                                                               | ant is no longer claiming SM                                                                                                                                                                                                                                                                                                                                                                                                                         | ALL ENTITY status. Sec 37                                                                                                                                     | CFR 1.27(g)(2).                                                                                                 |  |
|           | a. Applicant claims SMALL civili 1 status, see 50 ct (1.2).  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. The Issue Fee and Publication Fee/fit required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other printerest as shown by the records of the United States Patent and Trademark Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |          |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               | cation identified above. the assignee or other party in                                                         |  |
|           | Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |          | Date Z-17-2006                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               |                                                                                                                 |  |
|           | Typed or printed name Jeffres 13, Collina                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |          | Registration No. <u>51,576</u>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               |                                                                                                                 |  |
|           | This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and an application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Paient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, Virginia 22313-1450.  Under the Processor of the Commissioner of the USPTO to the Chief Information unless it displays a valid OMB control number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |          |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               |                                                                                                                 |  |

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

QMB 0651-0033

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